mation to identify your	case:			
Antonio Levon B	eaty			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name	_	
ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
19-03484				
				☐ Check if this is an amended filing
	Antonio Levon Berirst Name First Name ankruptcy Court for the:	First Name Middle Name ankruptcy Court for the: DISTRICT OF SOUTH (Antonio Levon Beaty First Name Middle Name Last Name First Name Middle Name Last Name Ankruptcy Court for the: DISTRICT OF SOUTH CAROLINA	Antonio Levon Beaty First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		ssets f what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	41,100.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	3,321.21
1c. Copy line 63, Total of all property on Schedule A/B	\$	44,421.21
t 2: Summarize Your Liabilities		
		abilities you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	77,807.47
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	13,095.88
Your total liabilities	\$	90,903.35
Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,190.02
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	974.00
4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	edules.
Yes What kind of debt do you have?		
	1a. Copy line 55, Total real estate, from Schedule A/B	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Antonio Levon Beaty

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,526.71 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Cas	se 19-03484-j	w Doc 16		ed 07/17/		7/17/19 17:54:3	36 D	esc Main
Fill in this info	rmation to identify	vour case and th		cument	Page 3 of 56			
Debtor 1				J -				
Deptor 1	Antonio Lev First Name		e Name		Last Name			
Debtor 2	First Name	N.C. alla	- Name		LastName			
(Spouse, if filing)	First Name		e Name		Last Name			
United States E	Bankruptcy Court for	the: DISTRICT	OF SOL	UTH CAROLI	NA			
Case number	19-03484							☐ Check if this is an amended filing
Official F	orm 106A/E	<u>.</u>						
Schedu	ile A/B: Pi	operty						12/15
think it fits best. Information. If ma Answer every qu	Be as complete and a ore space is needed, estion.	accurate as possibl attach a separate sl	le. If two heet to ti	married peopl his form. On th	e are filing together, bo	th are equally responsit pages, write your name	ole for su	
□ No. Go to P	, , ,	uitable interest in a	iny resid	ence, building	, land, or similar propeı	ty r		
1.1			What	t is the propert	y? Check all that apply			
	THEL CHAPEL R			Single-family	home			ims or exemptions. Put
Street addres	ss, if available, or other des	cription			lti-unit building n or cooperative			d claims on Schedule D: ns Secured by Property.
				Manufactured	d or mobile home			
Loris	sc	29569-0000		Land		Current value o entire property		Current value of the portion you own?
City	State	ZIP Code			roperty	\$41,10	00.00	\$41,100.00
								our ownership interest
			_		t in the property? Check	•		ancy by the entireties, or
				Debtor 1 only		Fee Simple		
Horry				Debtor 2 only	•			
County				Debtor 1 and	Debtor 2 only	Check if th	is is com	munity property
				At least one of	of the debtors and anothe			
				r information y erty identificat	ou wish to add about th	nis item, such as local		
			DEE ROA (32X	TORS RES AD, LORIS ((70) MOBIL ONE PROPI	SIDENCE-MOBILE I SC 29569, HORRY E HOME AND (1) L ERTY BY THE COU	HOME AND LAND- COUNTY, 2002 HO OT OF LAND, PRO JNTY, TMS# (04400 E ATTACHED TAX	RTON [PERTY 002156)	DOUBLEWIDE 'IS ASSESSED , TAX
			DEE	BTOR ESTIN	MATES VALUE AT	(\$30,000)		
	ollar value of the po				from Part 1, includin	g any entries for		\$41,100.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....

page 1 Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

Debto	r 1 Antonio Lev	on Beaty	Document	Page 4 of 56	Case number (if known)	19-03484
3. Car		tors, sport utility vehicles,	motorcycles		,	
	lo					
□ Y						
		tor homes, ATVs and othe				
	lo.		,	, ,		
- \	-					
		the portion you own for a ed for Part 2. Write that nu				\$0.00
Part 3:	Describe Your Perso	onal and Household Items				
·	·	egal or equitable interest i	n any of the follow	ing items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	, , , , , , , ,	furnishings nces, furniture, linens, china,	kitchenware			
	Yes. Describe					
		HOUSEHOLD GOODS FURNITURE, KITCHE WEEDEATER, DINING	N APPLIANCES,	WASHER, DRYE	R, MOWER,	
		FURNITURE AND TO			,	\$1,200.00
Exa	including cell	and radios; audio, video, ster I phones, cameras, media pl		ment; computers, pri	inters, scanners; music c	ollections; electronic devices
		HOUSEHOLD GOODS PHONE	S: TVS, DVD PLA	YERS, COMPUTE	R, CELL	\$200.00
Exa	other collecti	l figurines; paintings, prints, ons, memorabilia, collectible		oks, pictures, or other	r art objects; stamp, coin,	or baseball card collections;
		BOOKS, PICTURES, M	MISC. COLLECTI	BLES		\$50.00
	musical instr	ographic, exercise, and other	r hobby equipment; t	picycles, pool tables,	golf clubs, skis; canoes a	and kayaks; carpentry tools;
	Yes. Describe					
	xamples: Pistols, rifle	s, shotguns, ammunition, an	d related equipment			
		FIREARMS: GLOCK 4	0, REMINGTON 7	MM RIFLE		\$800.00

Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main

Case 19-03484-jw Doc 16

Debtor 1	Antonio Levon Beaty	Document Page 5 of 56 Case number (if known	19-03484
□ No	ples: Everyday clothes, furs, leather	coats, designer wear, shoes, accessories	
Yes.	Describe		
	CLOTHING		\$100.00
☐ No		elry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	JEWELRY		\$200.00
Exam _l ■ No	arm animals ples: Dogs, cats, birds, horses Describe		
■ No	ther personal and household items Give specific information	s you did not already list, including any health aids you did not list	
		es from Part 3, including any entries for pages you have attached	\$2,550.00
	escribe Your Financial Assets wn or have any legal or equitable i	interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	ples: Money you have in your wallet,	, in your home, in a safe deposit box, and on hand when you file your peti	tion
		CASH ON HAND	\$0.00
Exam		ancial accounts; certificates of deposit; shares in credit unions, brokerage e accounts with the same institution, list each.	houses, and other similar
□ No ■ Yes		Institution name:	
	17.1.	USAA CHECKING ACCOUNT# (3274)	\$348.36
	17.2.	BANK OF AMERICA CHECKING ACCT# (8875)	\$422.85
		stocks nts with brokerage firms, money market accounts n or issuer name:	

Official Form 106A/B Schedule A/B: Property

page 3

		Case 19-0	3484-jw	Doc 16	Filed 07/				'19 17:54:	:36 E	Desc Main	
D	ebtor 1	Antonio Le	von Beaty		Documer	II P	age 6 o	Case	number (if knov	wn) 19-0	3484	
19.	joint No	oublicly traded s venture . Give specific ir	nformation abo	out them		unincorpo	orated busi	ŕ	•	rest in an	LLC, partners	hip, and
			Name (of entity:				% of	ownership:			
20	Nego Non-i ■ No	rnment and corp tiable instrument negotiable instrui Give specific in	ts include pers ments are thos	onal checks, comes on the comment the comment the comment the comment the comment of the comment	ashiers' checks	s, promiss	sory notes, a	and money or				
21.	Exam ■ No	ement or pension apples: Interests in List each accou	ı IRA, ERISA,		, , ,	savings ac		other pension	or profit-shari	ing plans		
22.	Your Exam ■ No	rity deposits and share of all unus apples: Agreement	ed deposits yo	ou have made	t, public utilities	s (electric	, gas, water	r), telecommu		panies, or	others	
	⊔ Yes	i			Institu	ution name	e or individu	uai:				
23.	_	ities (A contract	for a periodic p	payment of mo	ney to you, eith	her for life	or for a nur	mber of years	s)			
	■ No □ Yes	1	ssuer name a	nd description.								
24.		sts in an educat S.C. §§ 530(b)(1),	, 529A(b), and	529(b)(1).	•		·	·				
	☐ Yes	I	nstitution nam	e and descripti	ion. Separately	file the re	ecords of an	ny interests.17	1 U.S.C. § 521	(c):		
25.	■ No	s, equitable or form. Give specific in			(other than ar	nything lis	sted in line	1), and righ	ts or powers	exercisal	ole for your ben	efit
26	Paten Exam ■ No	ats, copyrights, to apples: Internet do	trademarks, t main names, v	rade secrets, a websites, proce				greements				
27.	Exam ■ No	ses, franchises, apples: Building pe	ermits, exclusiv	ve licenses, co		ciation ho	oldings, liquo	or licenses, p	rofessional lice	enses		
M	oney oı	r property owed	to you?							ŗ	Current value or cortion you own Do not deduct sectains or exempt	n? ecured
28.	Tax re	efunds owed to	you									
		. Give specific in	formation abo	ut them, includ	ing whether yo	u already	filed the ret	turns and the	tax years			
29.	Famil	y support	,									

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 \square Yes. Give specific information.....

	obtor 1	Case 19-03484-j		Filed 07/17/1 Document	9 Entered Page 7 of 5	07/17/19 17:54:36		
D	ebtor 1	Antonio Levon Bea	aty			Case number (if known)	19-03484	
30.	Exan ■ No	benefits; unpaid loa	ability insurance pay ans you made to so		efits, sick pay, vaca	tion pay, workers' compen	sation, Social Security	
	⊔ Yes	s. Give specific information	n					
31.	Exan ■ No	ests in insurance policies in ples: Health, disability, or s. Name the insurance con	r life insurance; hea	,	HSA); credit, homed	owner's, or renter's insuran	ce	
			ompany name:	•	Benefi	ciary:	Surrender or refund	
32.		nterest in property that is				re currently entitled to rece	value:	
	some No	eone has died.		roceeus nom a me ms	surance policy, or a	ne currently entitled to rece	ive property because	
	☐ Yes	s. Give specific information	n					
33.	33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim							
24	Othor	contingent and unliquid	datad alaima of av	oru noturo, includina	, counteralaime a	f the debtor and rights to	set off alaims	
34.	■ No	s. Describe each claim		ery nature, including	g counterclaims o	i the debtor and rights to	set on ciaims	
35.		inancial assets you did r	not already list					
	■ No	s. Give specific information	n					
	— 103	s. Give specific information	11			_		
36		I the dollar value of all of Part 4. Write that number	•	•		-	\$771.21	
Pa	rt 5: D	Describe Any Business-Rela	ted Property You Ow	n or Have an Interest I	n. List any real estat	e in Part 1.		
37	Do voi	ı own or have any legal or e	equitable interest in a	nv business-related pr	operty?			
		Go to Part 6.		,	-			
	☐ Yes.	Go to line 38.						
Pa		Describe Any Farm- and Com you own or have an interest i			or Have an Interest	in.		
46	Do yo	ou own or have any legal	l or equitable inter	est in any farm- or c	ommercial fishing	g-related property?		
	■ No	o. Go to Part 7.						
	□ Ye	es. Go to line 47.						
Pa	rt 7:	Describe All Property Yo	ou Own or Have an I	nterest in That You Did	Not List Above			
53.		ou have other property of mples: Season tickets, cou						

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

 \square Yes. Give specific information......

■ No

\$0.00

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Page 8 of 56
Case number (if known) 19-03484 Document Debtor 1 **Antonio Levon Beaty** Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$41,100.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$2,550.00 Part 4: Total financial assets, line 36 58. \$771.21 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52

\$0.00

\$0.00

Copy personal property total

\$3,321.21

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

60.

\$44,421.21

\$3,321.21

Official Form 106A/B Schedule A/B: Property page 6

Horry County

ONLINE TAX PAYMENT

Record Information

Notice #: 114933183

Status; Pald

City/Levy:

Date Paid: 12/20/18 Issue Date: 09/29/18

Tax Information

Name: BEATY ANTONIO L

Address: 4271 BETHEL CHAPEL RDLORIS SC 29569

Tax Year:

District/Levy: 300 / 212,7

Total Appraisal: 41,120

Total Assessed: 2,470

Assessment Ratio: Land Appraisal: Building Appraisal:

Property Information

Record Type:

Real Estate
0440002156

Map Number: 19101010010
PIN: 19101010010

Description:

PARCEL AS/S BETHEL CHAPEL ROAD

Taxes

County Tax: \$525.37
City Tax: \$0.00

Fees: \$0.00

Residential Exemption:

Homestead Exemption: \$0.00

Other Exemptions: \$0.00

Local Option Credit: \$0.00 \$569.77

Total Paid: \$569,77

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Fill in this infor	mation to identify your	case:		
Debtor 1	Antonio Levon B	eaty		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number	19-03484			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt								
1.	Which set of exemptions are you claiming?	? Check one only, ever	n if yo	our spouse is filing with you.						
	You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	DEBTORS RESIDENCE-MOBILE HOME AND LAND-4271 BETHEL	\$41,100.00		\$54,875.00	S.C. Code Ann. § 15-41-30(A)(1)					
	CHAPEL ROAD, LORIS SC 29569, HORRY COUNTY, 2002 HORTON DOUBLEWIDE (32X70) MOBILE HOME AND (1) LOT OF LAND, PROPERTY IS ASSESSED AS ONE PROPERTY BY THE COUNTY, TMS# (0440002156), TAX APPRAISAL VALUE (\$41,10 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(1)					
	HOUSEHOLD GOODS: LIVING ROOM FURNITURE, BEDROOM	\$1,200.00		\$1,200.00	S.C. Code Ann. § 15-41-30(A)(3)					
	FURNITURE, BEDROOM FURNITURE, KITCHEN APPLIANCES, WASHER, DRYER, MOWER, WEEDEATER, DINING TABLE AND CHAIRS, MISC. HOME DECOR, FURNITURE AND TOOLS Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(3)					
	HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER, CELL	\$200.00	•	\$300.00	S.C. Code Ann. § 15-41-30(A)(3)					
PHONE Line from Schedule A/B: 7.1				100% of fair market value, up to any applicable statutory limit						

Case 19-03484-jw Doc 16 Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main Document Page 11 of 56

Case number (if known) 19-03484

ebtor 1	Antonio Levon Beaty	Document		Case number (if known)	19-03484
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	OKS, PICTURES, MISC. LLECTIBLES	\$50.00		\$50.00	S.C. Code Ann. § 15-41-30(A)(3)
	from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	10 11 00(1)(0)
	EARMS: GLOCK 40, REMINGTON	\$800.00		\$800.00	S.C. Code Ann. § 15-41-30(A)(15)
Line	from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	. , ,
_	OTHING from Schoolule A/P: 11 1	\$100.00		\$100.00	S.C. Code Ann. § 15-41-30(A)(3)
	rom <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	13-41-30(A)(3)
	VELRY from Schedule A/B: 12.1	\$200.00		\$200.00	S.C. Code Ann. § 15-41-30(A)(4)
0				100% of fair market value, up to any applicable statutory limit	
_	SH ON HAND from Schedule A/B: 16.1	\$0.00		\$70.00	S.C. Code Ann. § 15-41-30(A)(7) in the amoun
LITIC	Hom Genedate AVE. 10.1			100% of fair market value, up to any applicable statutory limit	of \$70.00 of unused Homestead Exemption
	AA CHECKING ACCOUNT# (3274) from Schedule A/B: 17.1	\$348.36		\$348.36	S.C. Code Ann. § 15-41-30(A)(7) UNUSED
Line	Tom Governo 772. TTT			100% of fair market value, up to any applicable statutory limit	PORTION OF HOMESTEAD
	NK OF AMERICA CHECKING CT# (8875)	\$422.85		\$422.85	S.C. Code Ann. § 15-41-30(A)(7) UNUSED
	from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	PORTION OF HOMESTEAD
	you claiming a homestead exemption of opject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covere	Byears after that for ca	ses fi	•	,
	☐ Yes				

Case 19-0	J3464-JW	Doc 16 Filed 07	_	of 56	7.54.30 Desc	Walli
Fill in this information	to identify your	case:				
Debtor 1 Ant	onio Levon B	eaty				
	Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First I	Name	Middle Name	Last Name			
United States Bankruptc	y Court for the:	DISTRICT OF SOUTH (CAROLINA			
Case number _19-034	84					
(if known)						if this is an led filing
					ameno	led ming
Official Form 106	SD .					
		Who Have Clai	ms Secured	by Propert	v	12/15
□ No. Check this bo □ Yes. Fill in all of the Part 1: List All Security	ne information be	s form to the court with you elow.	ır other schedules. Yo	u have nothing else t	o report on this form.	Column C
		ore than one secured claim, list particular claim, list the other		Amount of claim	Value of collateral	Unsecured
		al order according to the credito		Do not deduct the	that supports this	portion
2.1 AARONS RENT		Describe the property that so	ecures the claim:	value of collateral. \$1,287.83	claim \$0.00	If any \$1,287.83
Creditor's Name		HOUSEHOLD GOOD:	_	. ,	<u> </u>	
303 US 701 LORIS, SC 2956	•	As of the date you file, the clapply. Contingent	laim is: Check all that			
Number, Street, City, Sta		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Che		Nature of lien. Check all that	apply.			
Debtor 1 only		☐ An agreement you made (s	such as mortgage or secu	ıred		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 o	nly	☐ Statutory lien (such as tax I	lien, mechanic's lien)			

Purchase Money Security

1922

 \square Judgment lien from a lawsuit

Other (including a right to offset)

Last 4 digits of account number

☐ At least one of the debtors and another

 \square Check if this claim relates to a

Date debt was incurred 04/2019

community debt

Case 19-03484-jw Doc 16 Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main Document Page 13 of 56

Debtor 1 Antonio Levon Beaty		Case number (if known)	19-03484	
First Name Middle N	lame Last Name			
HORRY COUNTY		\$569.77	\$41,100.00	\$569.77
TREASURER Creditor's Name	Describe the property that secures the claim:	— — — — — — — — — — — — — — — — — — — 	Ψ41,100.00	φ309.7 <i>1</i>
Creditor's Ivanie	DEBTORS RESIDENCE-MOBILE			
	HOME AND LAND-4271 BETHEL CHAPEL ROAD, LORIS SC 29569,			
	HORRY COUNTY, 2002 HORTON			
	DOUBLEWIDE (32X70) MOBILE			
	HOME AND (1) LOT OF LAND,			
	PROPERTY IS ASSESSED AS ONE			
	PROPERTY BY THE COUNTY, TMS#			
	(0440002156), TAX APPRAIS			
1301 SECOND AVENUE	As of the date you file, the claim is: Check all that apply.			
Conway, SC 29526	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number 1922			
2.3 SHELLPOINT		¢75 040 07	£44 400 00	¢24 040 07
MORIGAGE	Describe the property that secures the claim:	\$75,949.87	\$41,100.00	\$34,849.87
Creditor's Name	DEBTORS RESIDENCE-MOBILE HOME AND LAND-4271 BETHEL			
	CHAPEL ROAD, LORIS SC 29569:			
	ARREARAGE TO BE PAID IN PLAN			
	(\$19,000), MORTGAGE PAYMENTS			
	TO BE PAID THROUGH CONDUIT			
	As of the date you file, the claim is: Check all that			
PO BOX 619063	apply.			
Dallas, TX 75261	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
Date debt was incurred 1/10	Last 4 digits of account number 4750			
		A== 00=	47	
Add the dollar value of your entries in C If this is the last page of your form, add	Column A on this page. Write that number here:	\$77,807		
Write that number here:	the donar value totals from all pages.	\$77,807	.47	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debt	Debtor 1 Antonio Levon Beaty			Case number (if known) 19-03484					
_	First Name	Middle Name	Last Name						
	Name, Number, Street, CRAWFORD & V PO BOX 4216 Columbia, SC 29	ON KELLER		On which line in Part 1 did you ent Last 4 digits of account number					
	Name, Number, Street, DITECH PO BOX 6172 Rapid City, SD 57			On which line in Part 1 did you ent Last 4 digits of account number					
				On which line in Part 1 did you ent Last 4 digits of account number	<u>——</u>				
	Name, Number, Street, ROGERS TOWNS PO BOX 100200 Columbia, SC 29	SEND & THOMAS		On which line in Part 1 did you ent Last 4 digits of account number					

	Case 19-03404-jw		ocument	Page 1	5 of 56	7.54.50 D	esc Main
Fill in th	is information to identify your						
Debtor 1	Antonio Levon Be	aatv					
DODIOI 1	First Name	Middle Name		Last Name			
Debtor 2 (Spouse if, t	iling) First Name	Middle Name		Last Name			
(Spouse II, I	illig) Filst Name						
United S	tates Bankruptcy Court for the:	DISTRICT OF	SOUTH CAROL	INA			
Case nui	mber 19-03484						
(if known)							Check if this is an
						a	mended filing
Officia	I Form 106E/F						
	lule E/F: Creditors W	ho Have U	nsecured	Claims			12/15
	plete and accurate as possible. Us				Part 2 for creditors with N	IONPRIORITY clai	
Schedule eft. Attach name and	3: Executory Contracts and Unexp D: Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known).	ured by Property. I je. If you have no i	If more space is n nformation to rep	eeded, copy 1	he Part you need, fill it o	ut, number the en	tries in the boxes on the
Part 1:	List All of Your PRIORITY Un						
_	y creditors have priority unsecure O. Go to Part 2.	a ciaims against y	ou r				
☐ Ye	s. List All of Your NONPRIORIT	Y Unsecured Cl	aims				
	y creditors have nonpriority unsec						
_	You have nothing to report in this page	•	-	our other scho	odulos		
		art. Odbinit triis form	rto the court with y	Jour Other Scrie	duies.		
■ Ye	es.						
unsec	Il of your nonpriority unsecured claured claim, list the creditor separately one creditor holds a particular claim, list.	y for each claim. For	r each claim listed,	identify what t	ype of claim it is. Do not lis	t claims already ind	cluded in Part 1. If more
							Total claim
4.1	DIVERSIFIED CONSULTANT	TS La	st 4 digits of acco	ount number	1922		\$991.00
	lonpriority Creditor's Name			:	4/40		
	PO BOX 552168 Jacksonville, FL 32255	VVI	nen was the debt	incurrea?	1/18		-
1	lumber Street City State Zip Code	As	of the date you fi	ile, the claim i	s: Check all that apply		
V	Vho incurred the debt? Check one.						
	Debtor 1 only		Contingent				
[Debtor 2 only		Unliquidated				
	Debtor 1 and Debtor 2 only		Disputed				
[At least one of the debtors and and		pe of NONPRIORI	ITY unsecured	d claim:		
	☐ Check if this claim is for a comr lebt		Student loans			- Ab-A P. L	
	s the claim subject to offset?		Obligations arising oort as priority clain		ration agreement or divorc	e that you did not	
	■ No	•			g plans, and other similar of	debts	
	☐Yes		Other. Specify	Collections	;		

Document Page 16 of 56 Debtor 1 Antonio Levon Beaty ase number (if known) 19-03484 4.2 GOODYS Last 4 digits of account number 1922 \$371.00 Nonpriority Creditor's Name PO BOX 182789 When was the debt incurred? 1/18 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit card purchases 4.3 HORRY COUNTY TREASURER Last 4 digits of account number 1922 \$0.00 Nonpriority Creditor's Name PO BOX 1237 When was the debt incurred? **Conway, SC 29528** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other, Specify 4.4 **IRS** Last 4 digits of account number \$0.00 1922 Nonpriority Creditor's Name PO BOX 7346 When was the debt incurred? Philadelphia, PA 19101-7346 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 \square Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

Notice Only Other. Specify

■ No ☐ Yes

 \square At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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4.5	PEE DEE MEDICAL COLLECTION	Last 4 digits of account number 1922	\$210.44
	Nonpriority Creditor's Name PO BOX 1597	When was the debt incurred?	
	Florence, SC 29501		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.6	PREMIER BANKCARD	Last 4 digits of account number 1922	\$711.35
	Nonpriority Creditor's Name		Ψ111.00
	PO BOX 2208	When was the debt incurred?	
	Vacaville, CA 95696 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other Specify Credit card purchases	
4.7	QUANTUM 3 GROUP	Last 4 digits of account number 1922	\$4.622.09
	Nonpriority Creditor's Name		Ψ+,022.03
	PO BOX 788	When was the debt incurred?	
	Kirkland, WA 98083 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Deficiency	

Debtor 1 Antonio Levon Beaty

Document Page 18 of 56 Debtor 1 Antonio Levon Beaty ase number (if known) 19-03484 4.8 **RADIUS GLOBAL SOLUTIONS** Last 4 digits of account number 1922 \$706.00 Nonpriority Creditor's Name 9550 REGENCY SQUARE, STE 602 When was the debt incurred? 1/18 Jacksonville, FL 32225 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.9 RADIUS GLOBAL SOLUTIONS Last 4 digits of account number 1922 \$706.00 Nonpriority Creditor's Name 9550 REGENCY SQUARE, SUITE 60 When was the debt incurred? 06/2018 Jacksonville, FL 32225 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Personal Loan Other, Specify 4.1 **SC DEPT OF REVENUE** 1922 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO BOX 12265 When was the debt incurred? Columbia, SC 29211 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No ☐ Yes ☐ Student loans

report as priority claims

■ Other. Specify Notice Only

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Debtor '	Case 19-03484-jw Doc 16 Antonio Levon Beaty		red 07/17/19 17:54:36 Desc 0 of 56 Case number (if known) <u>19-03484</u>	: Main
4.1	TITLEMAX	Last 4 digits of account number	1922	\$0.00
	Nonpriority Creditor's Name 420 WRIGHT BLVD Loris, SC 29569	When was the debt incurred?	1/14	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Deficiency		
	TRIDENT ASSET MANAGEMENT	Last 4 digits of account number	1922	\$674.00
	Nonpriority Creditor's Name 53 PENMETER CTR E STE 4 Atlanta, GA 30346	When was the debt incurred?	12/2018	
	Number Street City State Zip Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separ report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Collections		
4.1	VERIZON	Last 4 digits of account number	1922	\$4,104.00
	Nonpriority Creditor's Name	Zact 4 digito of documentalists.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	PO BOX 105378 Atlanta, GA 30348	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim is	S: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

■ No

☐ Yes

On which entry in Part 1 or Part 2 did you list the original creditor?

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

■ Other. Specify Services

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Antonio Levon beaty		Case Hulliber (II known)	19-03464		
ATTORNEY GENERAL OF UNITED STATES 950 PENNSYLVANIA AVE, NW Washington, DC 20530-0001	Line 4.4 of (Check one): Last 4 digits of account number	☐ Part 1: Creditors with Prior ☐ Part 2: Creditors with Non	•		
Name and Address TITLEMAX 15 BULL STREET, STE 200 Savannah, GA 31401	On which entry in Part 1 or Part 2 Line 4.11 of (<i>Check one</i>): Last 4 digits of account number	did you list the original creditor? Part 1: Creditors with Prior Part 2: Creditors with Non			
Name and Address US ATTORNEY'S OFFICE ATTN DOUG BARNETT 1441 MAIN ST STE 500 Columbia, SC 29201	On which entry in Part 1 or Part 2 Line 4.4 of (<i>Check one</i>): Last 4 digits of account number	did you list the original creditor? ☐ Part 1: Creditors with Prior ☐ Part 2: Creditors with Non	•		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 13,095.88
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 13,095.88

Fill in this inform	nation to identify your	case:		
Debtor 1	Antonio Levon B	eaty		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA	
Case number 1	19-03484			
(if known)				☐ Check if
				amended

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3			<u> </u>		
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5			Sidio	2 2000	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

		Docume	ent Page 22 o	f 56
Fill in this	information to identify your	case:		
Debtor 1	Antonio Levon B			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case num	19-03484			☐ Check if this is an amended filing
	l Form 106H Iule H: Your Cod	lebtors		12/15
people are fill it out, a	filing together, both are equ	ially responsible for supple boxes on the left. Attack	olying correct informati n the Additional Page to	s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.
■ No □ Yes				
Arizor	hin the last 8 years, have yona, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Washi	(Community property states and territories include ngton, and Wisconsin.)
in line Form out C	e 2 again as a codebtor only	if that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fill **Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name			_ □ Schedule D, line □ Schedule E/F, line □ Schedule G, line
-	Number Street City	State	ZIP Code	_
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
-	Number Street City	State	ZIP Code	=

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Fill	in this information to identify your ca	ase:							
Deb	otor 1 Antonio Lev	on Beaty			_				
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the	: DISTRICT OF SOUT	H CAROLINA						
Cas	se number 19-03484					Check if this is	S:		
(If kn	nown)		_			☐ An amend	ed filing		
						A supplem		g postpetition ollowing date:	
O_1	fficial Form 106I					MM / DD/	YYYY		
S	chedule I: Your Inc	ome							12/15
spoi atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing w	ith you, do not includ	de infor	mati	on about your sp	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fi	iling spouse	
	If you have more than one job,		■ Employed			☐ Emp	loyed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			□ Not	employed		
		Occupation	VA BENEFITS						
	Include part-time, seasonal, or self-employed work.	Employer's name	VA BENEFITS						
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About Mor	nthly Income							
spou	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mo		,						
	e space, attach a separate sheet to				•	,			•
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Debt	tor 1	Antonio Levon Beaty	_	Case	number (if known)	19-03484		
	Con	v line 4 bore	4.	For	Debtor 1	For Debte	gspouse	
	СОР	y line 4 here	4.	Φ_	0.00	Φ	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d.	\$_ \$	0.00	\$ \$	N/A	
	5e. 5f.	Domestic support obligations	5e. 5f.	\$ _	0.00	\$	N/A N/A	
	5g.	Union dues	5g.	\$-	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$		+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		_				
		monthly net income.	8a.	\$_	333.33	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA BENEFITS Pension or retirement income	e 	\$_ \$	1,856.69 0.00	\$	N/A N/A	
	8h.	Other monthly income. Specify:	8h.+	· \$	0.00	· · ·	N/A	
		· · · 	_					٦
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,190.02	\$	N/A	
10.	Calc	sulate monthly income. Add line 7 + line 9.	10. \$		2,190.02 + \$	N/A	A = \$	2,190.02
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify:	depen	•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					2. \$ Combin	2,190.02
								/ income
13.		No.						
		Yes. Explain: DEBTOR DOES NOT ANTICIPATE ANY CHANGE	S TO	INCO	ME WITHIN T	HE NEXT \	EAR.	

Official Form 106l Schedule I: Your Income page 2

James M. Wyman Chapter 13 Trustee PO Box 997 Mt. Pleasant, SC 29465-0997 Phone (843) 388-9844 Fax (843) 388-9877

N ame A ddress A ddresss

Re. Bankruptcy Case Number: NAME OF COMPANY:

Dear Debtor:

Your chapter 13 case has been identified by my office as one in which you may be engaged in business. Accordingly, please respond to the following questions and request for documents within the next eight (8) days. If you have any questions at all about how to fill out the forms, please contact your attorney. If you do not have an attorney, you may want to hire one, as this office cannot provide legal activice. Fallure to respond to this letter may result in delay in the progress of your case or ultimately in the dismissal of your case.

1. Are you presently self employed?	Yes No (circle one)
You are self employed if you receive	
ANY income from a business, including rent from properties, that does not result	If no: Are you employed by a corporation which you own (and/or are a shareholder)?
in a 1040 form from an employer. If you	
own a corporation, and that corporation employs you, please indicate here and	Yes No (circle one)
answer the questions below for the	If no to both: please stop here, sign at the bottom, and return this
Corporation.	form to the address above.
What kind of business are you in? (name and short description of what	Delivery
you/ the business does)	If rental properties, please skip to #20
3. How long has your business operated (how long self employed)?	6 months
4. Do you have any employees?	Yes No (circle one)
	If no: skip to question #8
5. Give the name of each employee	
and that employee's relationship to	
you, if any. Continue on the back of the page if there is not enough room	
here.	
6. Are you current in income and	Yes No
payroll taxes, and in filing all tax	(circle one)
returns? (answer "no" if you owe taxes)	If yes: skip to question # 8

↑ Do you have any bank accounts	(Yes) No
اس sed in or for your business? This	(cireté one)
i des checking, savings, and any	
□ ther type of account, whether in the □ there is a count, whether it is a count, whether it is a count, whether it is a count, whether is a count, whether it is a count, which is a count, whether it is a count, which is a count, where it is a count, whether it is a count, whether it is a count, where it is a count, whether it is a co	If yes, please provide a copy of the most recent 2 month's
rame of the business or in another	statements.
rame.	
17 Do you expect to have to incur	Yes (No)
post petition trade credit or other	(circle one)
に 場iness debt? (will you have to buy	
Oncredit or add to existing debt or take	If you are unsure of the answer, please contact your attorney or
any additional loans while in	consult with one.
⊘ ankruptcy?)	If you akin to itom # 10
de Disass arouide the following if	If yes, skip to item # 19
18. Please provide the following if	a. Copies of federal and state tax returns for the last two (2)
you do not anticipate incurring new	calendar years, both business and personal (if applicable),
det or adding to existing debt.	and including all supporting tax schedules.
	b. Two profit and loss forms, one for each month prior to
	filing your bankruptcy (see exhibit A – 1 copy for each
	month - attached to this letter)
	c. One statement of your anticipated income and expenses
	(estimated for the future – see exhibit B)
	d. copies of statements on all bank accounts used by or for
	business
	e. policy declarations page for business liability insurance
do Dinasa musicial de Sallancias (6	Conjugate of feederal and state feeders to the best best and
19. Please provide the following, if	a. Copies of federal and state tax returns, both business
you do anticipate incurring new	and personal, for the last two (2) calendar years including
debt or adding to existing debt at	all supporting schedules.
any time during your bankruptcy.	b. Monthly profit and loss statements on the form provided
	for the last twelve (12) calendar months (see exhibit A – 2
	copies are provided - reproduce additional forms for the
	remaining months).
	c. A statement of <u>projected</u> income and expenses for the
-	business (exhibit B)
	d. Copies of all financial statements furnished to a third
	party within the last two (2) years preceding the filing of the
	petition, including, but not limited to the balance sheet,
	income statement, and cash flow statement.
	e. Each month for the rest of the time that you are in
	bankruptcy, provide a profit and loss statement (see exhibit
	A) to this office and send a copy to the United States
	Trustee.
20. If you own property that you	a. Copies of federal and state tax returns for the last two (2)
intend to keep and rent out while you	calendar years, and including all supporting tax schedules.
are in bankruptcy, please provide	b. Completed form showing monthly rental income vs
the following.	expenditures (see Exhibit C)
	c. policy declarations page for liability insurance for each
	property (please print at the top of each page the street
	address of the property).
5	

Income and Employment Taxes: List all tax period(s) for which you have not filed returns, or for which you owe taxes. If you owe, indicate amount cowed for each tax period. Do you have accounts receivable? (money owed to you)	"/ Income and Employment Laver					
rot filed returns, or for which you owe taxes. If you owe, indicate amount cwed for each tax period. 8. Do you have accounts receivable? (money owed to you) 9. Please list the name of the person who owes you, the amount clue, date first due, and any reason why the debt is not collectible. 10. Do you have any inventory? 11. Please list all inventory, including a description of each item: (continue on back or separate sheet, if there is not enough room, but provide same table of information) 12. Do you have equipment or supplies? 13. Please list all equipment and supplies including a description of each item: (continue on back or separate sheet, if there is not enough room, but provide tem Date of purchase price value (in current condition) 14. Please list all equipment or supplies? 15. Do you have equipment or supplies? 16. Do you have equipment or supplies? 17. Please list all equipment and supplies including a description of each item: (continue on back or separate sheet, if there is not enough room, but provide tem Date of purchase price value (in current value (i						-
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14. Do you have a current business Yes No	14. Do you have a current business	<u> </u>	es (N	7		<u> </u>
license? (circle one)		,				
				**	***************************************	
	15. Do you have business liability)	res 🔪 No	9)		
15. Do you have business liability Yes No	insurance?	Para series	(circle one)			
15. Do you have business liability Yes No.		***	,			
15. Do you have business liability insurance? Yes No (circle one)		If yes, pleas	e provide a d	copy of the p	olicy declara	ation page.
15. Do you have business liability insurance? If yes, please provide a copy of the policy declaration page.	-	If no, please	obtain adec	quate insura	nce to protec	t the estate from
15. Do you have business liability insurance? If yes, please provide a copy of the policy declaration page. If no, please obtain adequate insurance to protect the estate from		any liability f	rom your bu	siness. If vo	ou have ques	stions, please
15. Do you have business liability insurance? Yes No (circle one)			attorney or			· · · · · · · · · · · · · · · · · · ·

PLEASE TAKE NOTICE THAT THE FOLLOWING ACTIONS MAY NOT BE TAKEN BY ANY DEBTOR WITHOUT SPECIFIC COURT AUTHORIZATION: use of cash collateral; post-petition ermployment of an attorney, accountant, or any other professional, payment of pre-petition wages or salary – with the exception that you may pay wages not exceeding \$4,300 per person owing for the pay pariod just prior to bankruptcy; payment of ay other unsecured pre-petition debt; borrowing money of inscurring debt; selling property other than in the ordinary course of business.

Finally, it is imperative that you realize it is your responsibility to maintain adequate records regarding the business and to maintain insurance required by state law, federal law, or the terms of any agreement with a third party. The trustee will not be responsible for, nor will be obtain, any such in surance.

Sincerely,

James M. Wyman, Trustee

c. c. Attorney for debtors

I HAVE COMPLETED THIS FORM AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ THE STATEMENTS ON THIS PAGE, AND WILL COMPLY – AND I HAVE ATTACHED ALL DOCUMENTS REQUIRED PER BOX #18, 19 OR 20 ABOVE, WHICHEVER IS APPLICABLE:

Debtor

Debtor

Case 19-03484-jw Doc 16 Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main

Document Page 29 of 56

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NI ame of Debtor:	Antonio Bal	Case Number:	*
P FOFIT AND LOS	S STATEMENT FOR CALEND	AR MONTH ENDING Jan	2019 which form applies)

(IMIOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION - do not include any expenses listed on Schedule J)

1. Employee or subcontractor Payroll (Including yourself – list	Name	Net Amount for Month
name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Antonio Beaty	$\not $
2. Payroll Taxes, Unemployment Taxes, Worker's	Name	Amount for Month
compensation, Other taxes/ deductions from pay (specify ty poe)	Name	Amount to Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month:	\$.
5. Rent (Other than debtor's principal residence)	Amount for month:	\$
6. Utilities	Amount for month:	\$
7. Office Expenses and Supplies	Amount for month:	\$
8. Repairs and Maintenance	Amount for month:	\$
Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month:	\$
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month:	\$
11. Equipment Rental and Leases	Amount for month:	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month:	,
13. Insurance	Amount for month:	
14. Payments made directly by debtor to Creditors for	Name of Creditor	Payment amount
business debts (Specify)		
15. Other (specify)	Reason for Expense	Amount for month
Continue on back of page or on separate sheet if necessary		

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income:	\$ Ø
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses:	\$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month:	\$ P

Case 19-03484-jw Doc 16 Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main Document Page 30 of 56 E XHIBIT A (PAGE 1) N ame of Debtor: Case Number: PEROFIT AND LOSS STATEMENT FOR CALENDAR MONTH ENDING (list month to which form applies) (MJOTE: ONLY INCLUDE INFORMATION DIRECTLY RELATED TO BUSINESS OPERATION — do not include any expenses listed on Schedule J) 1. Employee or subcontractor Payroll (Including yourself - list Name Net Amount for Month name and NET amount for each - not including deductions Antonia Bad for payroll taxes & other deductions listed below)

2. Payroll Taxes, Unemployment Taxes, Worker's compensation, Other taxes/ deductions from pay (specify ty pe)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type
 Inventory Purchases (including raw materials and supplies for use in business) 	Amount for month:	\$
5. Rent (Other than debtor's principal residence)	Amount for month:	
6. Utilities	Amount for month:	***************************************
7. Office Expenses and Supplies	Amount for month:	
8. Repairs and Maintenance	Amount for month:	······································
Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month:	,
Travel and Entertainment expenses (list only if tax deductible)	Amount for month:	T
11. Equipment Rental and Leases	Amount for month:	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month:	•
13. Insurance	Amount for month:	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month
16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income: \$	}
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses: \$	
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$ \$)

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EXHIBIT A (PAGE 2)

Name of Debtor:	Antenio	Buch	Case Number:	
PEROFIT AND LOS	S STATEMENT F	OR CALENDAR	MONTH ENDING WYC	h
(NOTE: ONLY INCLUDE _ do not include	INFORMATION DIRECT	TLY RELATED TO BUSII on Schedule J)	(list month to which	i form applies)

1. Employee or subcontractor Payroll (Including yourself – list	Name	Net Amount for Month	
name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Antonio Rooks \$500		
Payroll Taxes, Unemployment Taxes, Worker's compensation, Other taxes/ deductions from pay (specify	Name	Amount for Month	
type)			
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Type	
4. Inventory Purchases (including raw materials and supplies for use in business)	Amount for month:	\$	
Rent (Other than debtor's principal residence)	Amount for month:	\$	
6. Utilities	Amount for month:	\$	
7. Office Expenses and Supplies	Amount for month:	\$	
8. Repairs and Maintenance	Amount for month:	\$	
Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month:	\$	
Travel and Entertainment expenses (list only if tax deductible)	Amount for month:	\$	
11. Equipment Rental and Leases	Amount for month:	\$	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month:	\$	
13. Insurance	Amount for month:	\$	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount	
business debts (opedity)		·	
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month	
Trootestal y			

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income:	\$ 583	
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses:	\$ Z	427.77mg/c27.47.25/2.46/2.33/2.26/2.40/2.40/2.40/2.40/2.40/2.40/2.40/2.40
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month:	\$ 500	

EXHIBIT A (PAGE	3)		T.	
№ ame of Debtor:	Antonia	13.01	Case N	lumber:
PIROFIT AND LOSS	STATEMENT FOI	R CALENDAP	R MONTH ENDING	April 1
			(list	t month to which form applies)
(MOTE: ONLY INCLUDE IN — do not include	FORMATION DIRECTLY	RELATED TO BU	SINESS OPERATION	•
<u>- do not include</u>	<u>any expenses listed on t</u>	Schedule J)		

1 1 12 1	Net Amount for Month
Antenio Bedy	X
Name	Amount for Month
Name	Amount / Type
Amount for month:	\$
Amount for month:	\$
	7
Amount for month:	
Amount for month:	\$
Amount for month:	
Amount for month:	,
Amount for month:	·
Name of Creditor	Payment amount
Reason for Expense	Amount for month
	Name Amount for month: Name of Creditor

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income: \$	\Diamond
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses: \$	
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month: \$	\$

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EXHIBIT A (PAGE	E 4)				
Name of Debtor:	Antenio	Bank	Case	Number:	
PROFIT AND LOSS	S STATEMENT FOR	R CALENDAR	MONTH ENDING	Man	
			(Jis	st month to which fo	orm applies)
(NI OTE: ONLY INCLUDE II — do not include	NFORMATION DIRECTLY	RELATED TO BUS	NESS OPERATION	U	
<u>do not include</u>	any expenses listed on S	<u>Schedule J)</u>		-	

Name	Net Amount for Month
Name	Amount for Month
Name	Amount / Type
Amount for month:	\$
	,
	·····
	*
Name of Creditor	Payment amount
Reason for Expense	Amount for month
	Name Amount for month:

16. GROSS (BEFORE DEDUCTIONS) BUSINESS INCOME FOR MONTH:	Month's Income:	\$ 1000
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses:	\$ 8
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income For Month:	\$ 450/1

EXHIBIT A (PAGI	E 5)			
	Anterio	A 1		
N ame of Debtor: .	1+11tenio	Weak	Case Number:	***************************************
P&ROFIT AND LOSS	S STATEMENT FOR C	ALENDAR MONTH	I ENDING June (list month to which for	
			(list month to which f	orm applies)
(INOTE: ONLY INCLUDE I	NFORMATION DIRECTLY REL any expenses listed on Sche	<u>ATED TO BUSINESS OPE</u>	<u>ERATION</u>	•
<u>- do not include</u>	any expenses listed on Sche	edule J)		

 Employee or subcontractor Payroll (Including yourself – list 	Name	Net Amount for Month
name and NET amount for each - not including deductions for payroll taxes & other deductions listed below)	Antonio Body	
2. Payroll Taxes, Unemployment Taxes, Worker's compensation, Other taxes/ deductions from pay (specify by pe)	Name	Amount for Month
3. Employee Benefits (e.g. pension, medical, etc.)	Name	Amount / Time
o. Employee perients (e.g. pension, medical, atc.)	Name	Amount / Type
	·	
 Inventory Purchases (including raw materials and supplies for use in business) 	Amount for month:	
5. Rent (Other than debtor's principal residence)	Amount for month:	
6. Utilities	Amount for month:	
7. Office Expenses and Supplies	Amount for month:	
Repairs and Maintenance	Amount for month:	
Vehicle Expenses (do not list if already included on Bankruptcy Schedule J)	Amount for month:	,
10. Travel and Entertainment expenses (list only if tax deductible)	Amount for month:	
11. Equipment Rental and Leases	Amount for month:	
12. Legal/Accounting/Other Professional Fees (other than bankruptcy fees)	Amount for month:	`
13. insurance	Amount for month:	
14. Payments made directly by debtor to Creditors for business debts (Specify)	Name of Creditor	Payment amount
15. Other (specify) Continue on back of page or on separate sheet if necessary	Reason for Expense	Amount for month

16. GROSS (BEFORE DEDUCTIONS) BUSINESS	Month's Income: \$
INCOME FOR MONTH:	50 <i>0</i>
17. TOTAL OF EXPENSES (add lines 1-15 above)	Month's Expenses: \$
NET MONTHLY INCOME (subtract 17 from 16, above):	Total Net Income

EXHIBIT C: RENTAL PROPERTY INCOME VS EXPENSES (MONTHLY)

D	ebtor:	Case Number:			
Fu	■II address of rental property (include	description (i.e. land, house & land, mobile home, condominium, etc)	Is property currently rented? If yes, when does lease end?		
A					
В					
С					
ם					
E					

·						
	INCOME	Property A	Property B	Property C	Property D	Property E
1	Rent / income per month			· ·		
	EXPENSES			THE PROPERTY OF THE PROPERTY O		
2	Mortgage payment (list total amount for property if more than one)					
3	Maintenance / cleaning/ repairs (average per month)					
4	Management fees (average per month)					
5	Insurance (average per month) - do not list if included in mortgage payment					
6	Professional fees (average per month) Give details on back					
7	Advertising (average per month)					
8	Property taxes (average per month) - do not list if included in mortgage payment					
9	Utilities (only the amount you pay)					A STATE OF THE STA
10	Supplies (average per month) Give details on back	475.86(1970)00(4) 70 (2000) 4 m m m m m m m m m m m m m m m m m m				
11	Chapter 13 plan arrears cure (or full payment if in plan)					
12	Other (average per month) List on back					
	Total Expenses (Add lines 2 thru 11)					
	Total Net Income (subtract line 12 from line 1)					



DEPARTMENT OF VETERANS AFFAIRS 810 Vermont Ave NW Washington, D.C. 20420

June 25, 2019

Antonio Beaty 4271 Bethel Chapel Rd Loris, SC 29569

In Reply Refer to: xxx-xx-1922 27/eBenefits

> 80% \$1856.69

No

December 01, 2018

Dear Mr. Beaty:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this Important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: 💥

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to this exinclude

Released/Discharged Character of Service Enterect Active Dun Branch of Service Dctober 27, 2003 Horiorable Army 12, 2008 Honorable Army

(There may be additional periods of service not listed

VA Benefit Information

You have one or more service-connected disabilities:

Your combined service-connected avaluation is

Your current monthly award amount is:

The effective date of the last change to your current award was:

You are considered to be totally and permanently disabled due solely to your

service-connected disabilities:

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at https://www.ebenefits.va.gov or http://wwwy.va.gov.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-

Fill	in this inform	ation to identify y	our case:					
Deb	otor 1	Antonio Lev	on Beaty	,		Ch	eck if this is:	
							An amended filing	
	otor 2							wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bank	kruptcy Court for the	: DISTRI	CT OF SOUTH CAROLINA	Α		MM / DD / YYYY	
Cas	e number 1	9-03484						
(If k	nown)							
Of	fficial Fo	orm 106J						
		J: Your	Exper	nses				12/15
Be info nur	as complete ormation. If n mber (if knov	and accurate as nore space is ne vn). Answer eve	s possible. eeded, atta ery question	. If two married people ar				
Par 1.	t 1: Desc Is this a joi	ribe Your House	<u>ehold</u>					
١.								
	■ No. Go t □ Yes. Do	es Debtor 2 live	in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate Housel	<i>hold</i> of De	ebtor 2.	
2.	Do you hav	ve dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	penses include of people other t nd your depende	than 👝	No Yes				
Est exp app	imate your e penses as of plicable date	a date after the	our bankri bankruptc	y Expenses uptcy filing date unless y y is filed. If this is a supp government assistance i	lemental <i>Schedule</i>			
the		ch assistance an		cluded it on Schedule I:)			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgage	4.	\$	0.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner'	s, or renter	's insurance		4b.	\$	0.00
	4c. Home	e maintenance, re	epair, and ι	ıpkeep expenses		4c.	\$	20.00
		eowner's associa				4d.	·	0.00
5.	Additional	mortgage paym	ents for vo	our residence, such as ho	me equity loans	5.	\$	0.00

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Deb	tor 1 Antonio Levon Beaty	Case number (if known)	19-03484
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	195.00
	6b. Water, sewer, garbage collection	6b. \$	49.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00
	6d. Other. Specify:	6d. \$	0.00
7.	Food and housekeeping supplies	7. \$	150.00
8.	Childcare and children's education costs	8. \$	0.00
9.	Clothing, laundry, and dry cleaning	9. \$	50.00
10.	Personal care products and services	10. \$	25.00
11.	Medical and dental expenses	11. \$	25.00
12.	Transportation. Include gas, maintenance, bus or train fare.		450.00
	Do not include car payments.	12. \$	150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	25.00
	Charitable contributions and religious donations	14. \$	0.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45- 0	
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	85.00
	15d. Other insurance. Specify:	15d. \$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES	16. \$	15.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as		0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	\$	
19.	Specify:	φ	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Sch		
20.	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20d. \$	0.00
21	Other: Specify:	21. +\$	0.00
۷١.	Other: Specify.	Ζ1. ΤΨ	0.00
22.	Calculate your monthly expenses		
	22a. Add lines 4 through 21.	\$	974.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	974.00
23.	Calculate your monthly net income.	<u> </u>	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,190.02
	23b. Copy your monthly expenses from line 22c above.	23b\$	974.00
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	1,216.02

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: DEBTORS REGULAR MORTGAGE PAYMENT TO BE PAID THROUGH CHAPTER 13 CONDUIT PLAN. DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.

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Fill in this inform	ation to identify you	r case:			
Debtor 1	Antonio Levon	Beaty			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number 19	9-03484				
(if known)					Check if this is an amended filing
Official Form	106Dec				
Declarati	on About	an Individual	Debtor's Sch	edules	12/15
If two married peo	pple are filing togeth	er, both are equally respo	nsible for supplying correct	information.	
obtaining money		in connection with a bank			ement, concealing property, or 10, or imprisonment for up to 20
Sign	Below				
Did you pay	or agree to pay son	neone who is NOT an attor	ney to help you fill out bank	cruptcy forms?	
■ No					
☐ Yes. Na	ame of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
	y of perjury, I declar true and correct.	e that I have read the sum	mary and schedules filed w	ith this declaratio	on and

Signature of Debtor 2

Date

X /s/ Antonio Levon Beaty

Antonio Levon Beaty Signature of Debtor 1 Date July 17, 2019

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Fill in	n this infor	mation to identify you	r case:			
Debt	or 1	Antonio Levon E	Beaty Middle Name	Last Name		
Debt	or 2	. not reame	imadio riamo	2dd Hamo		
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH CA	AROLINA		
Case	number	19-03484				
(if knov	wn)				_	heck if this is an mended filing
		orm 107			_	
Sta	temen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup y additional pages, write you	
		n). Answer every que			, additional pagoo, irrito you	iii iiaiiio aiia cacc
Part	1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1. V	What is you	ır current marital statu	ıs?			
г	☐ Marrie	J				
İ	Not ma					
2. [During the	last 3 years, have you	lived anywhere other than	where you live now?		
ı	No					
[☐ Yes. Li	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. V	Within the	ast 8 years, did you ev	ver live with a spouse or led	al equivalent in a commun	ity property state or territory	? (Community property
					ico, Texas, Washington and W	
ı	No					
	_	ake sure you fill out Sch	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Evol	nin the Sources of You	r Incomo			
ган	2 Ехріс	in the Sources of Tou	i ilicollie			
F	Fill in the to	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
Γ	□ No					
Ī	_	III in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		l of current year until ed for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$2,333.31	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Antonio Levon Beaty

				Debtor 1				Debtor 2		
				Sources of income Check all that apply.	. (Gross income before deductions and exclusions)		Sources of inco		Gross income (before deductions and exclusions)
	r last calendanuary 1 to	dar year: December 31	, 2018)	■ Wages, commiss bonuses, tips	ions,	\$0.0		☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a busing	ness			Operating a be	usiness	
		dar year befo December 31		■ Wages, commiss bonuses, tips	ions,	\$3,904.7		☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a busing	ness			Operating a bi	usiness	
5.	Include include and other pwinnings. I	come regardle oublic benefit f you are filing	ss of wheth payments; g a joint cas e gross inco		ble. Examp ne; interest; ne that you	les of other income and dividends; money correceived together, list	re alim ollected t it only	d from lawsuits; ro y once under Deb	oyalties; and otor 1.	ecurity, unemployment, I gambling and lottery
				Debtor 1				Debtor 2		
				Sources of income Describe below.	e (Bross income from each source before deductions and exclusions)		Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
		1 of current iled for bank		VA BENEFITS		\$11,140.1	14			
	r last calen anuary 1 to	dar year: December 31	, 2018)	VA BENEFIT		\$15,267.1	10			
		dar year befo December 31		VA BENEFIT		\$11,600.0	00			
Pa	rt 3: List	Certain Pavr	nents You	Made Before You Fil	led for Ban	kruptcv				
6.	<u> </u>	Debtor 1's o	r Debtor 2' tor 1 nor D	s debts primarily co	nsumer de / consume	bts? r debts. Consumer d	lebts a	re defined in 11 L	J.S.C. § 101	(8) as "incurred by an
		– ~	0 days befo Go to line 7	re you filed for bankru	ptcy, did yc	ou pay any creditor a t	total o	f \$6,825* or more	?	
		□ Yes	List below e	ach creditor to whom editor. Do not include	payments fo	or domestic support o				
				payments to an attorn on 4/01/22 and every			l on or	after the date of	adjustment.	
	■ Yes.			r both have primarily re you filed for bankru			total o	f \$600 or more?		
		■ No.	Go to line 7							
		i	include pay	ach creditor to whom ments for domestic su this bankruptcy case.	pport obliga					creditor. Do not not not not not an
	Creditor's	s Name and A	Address	Dates of	payment	Total amount		Amount you still owe	Was this p	ayment for

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7.	Within 1 year before you filed for bankrup Insiders include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.	partners; relatives of any ge in control, or owner of 20%	neral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general ny managing ag	partner; corporation ent, including one fo
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		yments or transfer a	any property on a	ccount of a dek	ot that benefited an
	■ No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	
			para	oim on o	morado ordani	or o riamo
Pa	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
9.	Within 1 year before you filed for bankrup List all such matters, including personal injui modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	SHELLPOINT MORTGAGE V ANTONIO LEVON BEATY 2018CP2602367	FORECLOSURE	HORRY COUN OF COURT 1301 2ND AVE Conway, SC 29	NUE	■ Pending □ On appea □ Concluded	
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details bel No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis	shed, attached,	seized, or levied?
	Creditor Name and Address	Describe the Property		Date		property
		Explain what happene	ed			1 11 3
	SANTANDER CONSUMER USA 5201 RUFF SNOW DR.	2009 NISSAN MAXII		JAN 2018	UARY B	Unknown
	North Richland Hills, TX 76180	Property was reposs				
		☐ Property was foreclo				
		☐ Property was garnisl				
		☐ Property was attache	ed, seized or levied.			
	TITLE MAX 1030 FOLLY ROAD SUITE B Charleston, SC 29412	2004 CHEVROLET S TRUCK: VIN# (1GCI DOOR, (8) CYLINDE NADA VALUE (\$925	EK19T34E154858) ER, (225,000) MILE			\$925.00
		■ Property was reposs □ Property was foreclo				
		☐ Property was garnisl				
		☐ Property was attache				

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	Creditor Name and Address	Describe the Property	Date	Value of the property
	PROFESSIONAL FINANCE 3203 WEST PALMETTO Florence, SC 29501	Explain what happened 2009 HONDA ACCORD: (4) DOOR, (4) CYLINDER, (135,000) MILES, KBB VALUE (\$6,130); PRIMARY OWNER MOTHER OF DEBTOR'S CHILDREN; DEBTOR IS COSIGNER ONLY		\$6,130.00
		 ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. 		
	Within 90 days before you filed for bankri accounts or refuse to make a payment be No Yes. Fill in the details.	uptcy, did any creditor, including a bank or financial in ecause you owed a debt?	stitution, set off any	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Par	Court-appointed receiver, a custodian, or No Yes List Certain Gifts and Contributions			
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co	uptcy, did you give any gifts or contributions with a tota ontribution.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	, ,	Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	or gambling?	otcy or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	1500 TRUCK, VEHICLE WAS INVOLVED IN AN ACCIDENT	INSURANCE WAS WITH USAA WHICH PAID THE BALANCE OF LOAN WITH HARDY AUTO SALES IN THE AMOUNT OF \$10,400. DEBTOR DID NOT RECOVER FROM THIS ACCIDENT.	2018	\$10,400.00

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Par	t 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or prepari	ng a bankruptcy petition?			rty to anyone you
	□ No				
16. Within 1 year before consulted about Include any attorned about Include any attorned any at					
	consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You MOSS & ASSOCIATES 2170 ASHLEY PHOSPHATE ROAD FIRST CITIZENS BUILDING, SUITE 405 Charleston, SC 29406 MOSS & ASSOCIATES 2170 ASHLEY PHOSPHATE ROAD FIRST CITIZENS BUILDING, SUITE 405 Charleston, SC 29406 MOSS & ASSOCIATES 2170 ASHLEY PHOSPHATE ROAD FIRST CITIZENS BUILDING, SUITE 405 Charleston, SC 29406 ATTORNEY FEES PAID BY CHAPTER 13 TRUSTEE: \$0.00 FILING FEE: \$310.00 ATTORNEY FEES PAID BY CHAPTER 13 TRUSTEE: \$0.00 FILING FEEI \$310.00 CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or to promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Address Person Who Was Paid Address Person Who Received Transfer Description and value of Describe any Person Who Received Transfer Description and value of Desc	Data navment	Amazunt at		
	Address Email or website address		erty	Date payment or transfer was made	Amount of payment
	MOSS & ASSOCIATES 2170 ASHLEY PHOSPHATE ROAD FIRST CITIZENS BUILDING, SUITE 405			JUNE 2019	\$700.00
	2170 ASHLEY PHOSPHATE ROAD FIRST CITIZENS BUILDING, SUITE 405		APTER	THROUGH FEBRUARY 2019	\$0.00
	P.A. 816 ELMWOOD AVENUE			OCTOBER 2018	\$899.00
	730 WASHINGTON AVE. SUITE 230-D	CREDIT COUNSELING: \$9.76		OCTOBER 2018	\$9.76
17.	promised to help you deal with your creditors of Do not include any payment or transfer that you lis No	or to make payments to your creditors		or transfer any prope	rty to anyone who
	A diday -	t	erty	Date payment or transfer was made	Amount of payment
18.	transferred in the ordinary course of your busing Include both outright transfers and transfers made include gifts and transfers that you have already list. No	ness or financial affairs? as security (such as the granting of a se			
		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you				
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No		elf-settled tru	ust or similar device	of which you are a
	Yes. Fill in the details.				
	Name of trust	Description and value of the prope	erty transferr	ed	Date Transfer was made

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Par	t 8: List of Certain Financial Accounts,	Instruments, Safe	Deposit Boxes, and	Storage Units				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No							
	Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits o account numb		clo mo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer		
	BANK OF AMERICA 4161 PIEDMONT PKWY Greensboro, NC 27410	XXXX-7492	■ Checking □ Savings □ Money M □ Brokerage □ Other	arket	JGUST 2018	\$0.00		
	BANK OF AMERICA 4161 PIEDMONT PKWY Greensboro, NC 27410	XXXX-5225	☐ Checking ■ Savings ☐ Money M: ☐ Brokerag	arket	JGUST 2018	\$0.00		
	■ No ■ Yes. Fill in the details.	Who alone	had assass to \$42	Describe the		Do you still		
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		had access to it? (Number, Street, City, P Code)	Describe the	contents	Do you still have it?		
22.	Have you stored property in a storage uni	t or place other th	nan your home within	1 year before yo	ou filed for bankrup	tcy?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it?	has or had access (Number, Street, City, P Code)	Describe the	contents	Do you still have it?		
Par	t 9: Identify Property You Hold or Contr	ol for Someone E	Ise					
23.	Do you hold or control any property that s for someone.	someone else owi	ns? Include any prope	erty you borrowe	ed from, are storing	for, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)		the property? reet, City, State and ZIP	Describe the	property	Value		

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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

		means any location, facility, or proper wn, operate, or utilize it, including disp	-	-	aw,	whether you now own, operate,	or utilize it or used
		ardous material means anything an en ardous material, pollutant, contaminan			was	ste, hazardous substance, toxic s	substance,
Rep	ort a	II notices, releases, and proceedings th	hat you k	now about, regardless of when	the	y occurred.	
24.	Has	any governmental unit notified you that	at you ma	ay be liable or potentially liable	und	ler or in violation of an environm	ental law?
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	Α	Covernmental unit .ddress (Number, Street, City, State and P Code)	d	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit o	of any rele	ease of hazardous material?			
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	A	Covernmental unit .ddress (Number, Street, City, State and P Code)	t	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or ad No Yes. Fill in the details.	lministra	tive proceeding under any envi	ronn	nental law? Include settlements	and orders.
		se Title se Number	N A	ourt or agency lame .ddress (Number, Street, City, tate and ZIP Code)	Nat	ture of the case	Status of the case
Pai	rt 11:	Give Details About Your Business or	r Connec	tions to Any Business			
27.	With	nin 4 years before you filed for bankrup	otcy, did	you own a business or have an	y of	the following connections to any	/ business?
		■ A sole proprietor or self-employed	in a trad	e, profession, or other activity,	eith	er full-time or part-time	
		☐ A member of a limited liability com	pany (LL	.C) or limited liability partnershi	ip (L	LP)	
		☐ A partner in a partnership					
		☐ An officer, director, or managing ex	xecutive	of a corporation			
		☐ An owner of at least 5% of the votin	ng or equ	uity securities of a corporation			
		No. None of the above applies. Go to	Part 12.				
		Yes. Check all that apply above and fi	ill in the o	details below for each business	S .		
	Ad	siness Name dress nber, Street, City, State and ZIP Code)		ibe the nature of the business		Employer Identification numbe Do not include Social Security	
	(IVIII	insor, on eet, only, state and EIF code)	name	of accountant or bookkeeper		Dates business existed	

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
	BEATY LAWNCARE 4271 BETHEL CHAPEL ROAD Conway, SC 29528	BUSINESS IS A SOLE PROPRIETORSHIP OPERATING AS A RESIDENTIAL LANDSCAPING BUSINESS. BUSINESS WAS STARTED IN MAY 2010 AND CEASED OPERATIONS IN AUGUST 2015.	EIN: From-To MAY 2010 TO AUGUST 2015
	institutions, creditors, or other parties.	cy, did you give a financial statement to an	yone about your business? Include all financial
	Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pari	112: Sign Below		
I hav are t with 18 U	re read the answers on this <i>Statement of Fir</i> rue and correct. I understand that making a a bankruptcy case can result in fines up to .S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or ol	leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both.
Ant	Antonio Levon Beaty conio Levon Beaty nature of Debtor 1	Signature of Debtor 2	
Date	July 17, 2019	Date	
Did y ■ N	•	ent of Financial Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?

Fill in this inforr	nation to identify your case:							
Debtor 1	Debtor 1 Antonio Levon Beaty							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: District of South Carolina							
Case number (if known)	19-03484							

Check as directed in lines 17 and 21:					
	According to the calculations required by this Statement:				
 1. Disposable income is not determined und 11 U.S.C. § 1325(b)(3). 					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	nly.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11.								
1 th	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- te 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that	month per al by 6. Fil	riod would II in the res	be March sult. Do no	1 throught include	gh August 31. e any income	If the amount m	ount of your monthly incom ore than once. For examp	e varied during le, if both
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (befo	ore all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e payme	nts from	a spouse	e if	\$	0.00	\$	
4.	All amounts from any source which are regularly por you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3.	t. Include	e regular depende	contribunts, pare	tions nts, ents	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00						
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy h	ere -> 9	S	0.00	\$	
6.	Net income from rental and other real property	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	- \$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Copy h	ere -> 9	S	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Antonio Levon Beaty 19-03484 Debtor 1 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **VA BENEFITS** 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 1.526.71 1,526.71 each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 1,526.71 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. ☐ You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 1,526.71 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 1,526.71 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 18,320.52 15b. The result is your current monthly income for the year for this part of the form.

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16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. SC

16. Cal	culate	the median family income that applies to yo	u. Follow these steps:		
16a	. Fill in	the state in which you live.	SC		
16b	. Fill in	the number of people in your household.	1		
	To fir	the median family income for your state and sind a list of applicable median income amounts, actions for this form. This list may also be availed	go online using the link specified in the se		46,710.00
17. Ho v	v do tl	ne lines compare?			
17a	. •	Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO			
17b	. 🗆	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposable Income (Offic		
Part 3:	Cal	Iculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)		
18. Co p	y you	r total average monthly income from line 11		\$	1,526.71
con	tend th	ne marital adjustment if it applies. If you are not calculating the commitment period under 11 noome, copy the amount from line 13.			
		marital adjustment does not apply, fill in 0 on li	ne 19a.	- \$	0.00
19b	. Subt	ract line 19a from line 18.		\$_	1,526.71
0. Cal	culate	your current monthly income for the year.	Follow these steps:		
20a	. Сору	line 19b		\$	1,526.71
	Multi	ply by 12 (the number of months in a year).		Г	x 12
20b	. The r	result is your current monthly income for the year	ar for this part of the form	\$	18,320.52
20c	. Сору	the median family income for your state and si	ze of household from line 16c	\$	46,710.00
21.	How	do the lines compare?			
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court, on the top of page	1 of this form, check box 3,	The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the	top of page 1 of this form,	check box 4, The
Part 4:	Sig	ın Below			
Bys	i signing	here, under penalty of perjury I declare that the	e information on this statement and in any	attachments is true and co	orrect.
X /s/	Anto	onio Levon Beaty			
Ar	ntonic	b Levon Beaty e of Debtor 1			
`	∍ <u>Jul</u>	y 17, 2019 / DD / YYYY			
If yo	u che	cked 17a, do NOT fill out or file Form 122C-2.			
If yo	u che	cked 17b, fill out Form 122C-2 and file it with th	s form. On line 39 of that form, copy your	current monthly income fro	m line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-03484-jw Doc 16 Filed 07/17/19 Entered 07/17/19 17:54:36 Desc Main Document Page 55 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of South Carolina

In re	Antonio Levon Beaty		Case No.	19-03484	
		Debtor(s)	Chapter	13	
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR DI	EBTOR(S)	
c	cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services render	ed or to
	For legal services, I have agreed to accept			4,000.00	
	Prior to the filing of this statement I have received			390.00	
	Balance Due		\$	3,610.00	
2. \$	310.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed compen	sation with any other person	unless they are mem	bers and associates of my	law firm.
[☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				rm. A
6. I	n return for the above-disclosed fee, I have agreed to rend	ler legal service for all aspec	ts of the bankruptcy	ase, including:	
b c	 Analysis of the debtor's financial situation, and rendering. Preparation and filing of any petition, schedules, statem. Representation of the debtor at the meeting of creditors. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and applications. 522(f)(2)(A) for avoidance of liens on house. 	nent of affairs and plan which and confirmation hearing, a duce to market value; ex s as needed; preparatior	n may be required; nd any adjourned hea emption planning	rings thereof;	g of
7. B	by agreement with the debtor(s), the above-disclosed fee dependent with the debtors in any disclosed motions to incur debt, motions to sell processing to reopen, or any or	hargeability actions, jud perty, moratoriums, mot	icial lien avoidanc ions to reconside	es, relief from stay ac , plan modifications a	ions, fter
		CERTIFICATION			
	certify that the foregoing is a complete statement of any analyst proceeding.	agreement or arrangement for	r payment to me for r	epresentation of the debto	r(s) in
Ju	ıly 17, 2019	/s/ Heather S. Ba	ilev		
Do	-	Heather S. Bailey	/ 11592		
		Signature of Attorna Moss & Associat	ey tes Attorneys, P.A		
		2170 Ashley Pho			
		First Citizens Bu			
		North Charlestor			
		843-744-3002 Fa			

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy CourtDistrict of South Carolina

In re	n re Antonio Levon Beaty			19-03484
		Debtor(s)	Chapter	13

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

			copy scannable format which has been compared to, and contains d lists which are being filed at this time or as they currently exist in draft
	Master mailing	g list of creditors submitted vi	ia:
	(a)	computer diskette	
	(b) (numb	scannable hard copy per of sheets submitted	
	(c)	electronic version filed	d via CM/ECF
Date:	July 17, 2019		/s/ Antonio Levon Beaty
			Antonio Levon Beaty
			Signature of Debtor
Date:	July 17, 2019		/s/ Heather S. Bailey
			Signature of Attorney
			Heather S. Bailey 11592
			Moss & Associates Attorneys, P.A.
			2170 Ashley Phosphate Road
			First Citizens Building, Ste 405
			North Charleston, SC 29406 843-744-3002 Fax: 843-266-1939
			Typed/Printed Name/Address/Telephone
			11592 SC
			District Court I.D. Number